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Inside this Issue

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CMS's National Medicaid HIPAA Conference

The Centers for Medicare & Medicaid Services' (CMS) National Medicaid HIPAA Conference was held from April 24 to 26, 2001. The conference was held at Marriott's Hunt Valley Inn, Baltimore, Maryland. The conference was a huge success with close to 600 attendees and representation from all 50 state Medicaid agencies and Guam. The theme was *Communicating and Sharing Diverse Solutions for Common Goals*. The conference provided a common, national understanding of the importance and value of implementing standards, provided tools and methods to assist states' efforts to become HIPAA-compliant, and provided a national view of the HIPAA Administrative Simplification implementation effort.

Copies of the slides of the speaker presentations are on the web at http://www.hcfa.gov/medicaid/hipaa/adminsim/0401conf/. They provide a wealth of information on HIPAA Administrative Simplification. For more information, contact Karen Leshko at kleshko@cms.hhs.gov or 410-786-1291.

Mark your calendars for the second annual conference to be held at the Hunt Valley Inn, Baltimore, Maryland, April 23-25, 2002! ☼

Everything You Always Wanted to Know, But *Weren't* Too Afraid to Ask about Coding…

by David Greenberg

Medicaid and Medicare staff in the Centers for Medicare & Medicaid Services (CMS) work collaboratively to review and make recommendations or decisions on code requests submitted by states and providers. Most of these requests are for new national Healthcare Common Procedure Coding System (HCPCS) Level II and Place of Service (POS) codes. With the October 16, 2002 date for conversion to national codes fast approaching, CMS staff have been very active in reviewing new code requests and responding to various questions about the coding process. Here are a few examples of the questions we have received lately:

Question: Does CMS make final decisions on requests for new HCPCS Level II codes?

Answer: It depends. Requests for new Level II codes and modifications are reviewed at monthly meetings of the CMS HCPCS Workgroup, based on information supplied in the formal request and additional clarifying material. While the Workgroup generally makes final decisions on temporary codes that are primarily for the use by the Medicaid program, the Workgroup makes only recommendations to the HCPCS National Panel with regard to permanent codes. Temporary codes are HIPAA compliant and may be used in HIPAA transactions.

Question: Are all payers required to cover a certain service or item once it is assigned a code?

Answer: No. A decision to approve a new HCPCS code merely makes that code available for use by various payers. However, individual payers make their own decisions about whether or not to cover a given service or item, and how to reimburse for each service or item they choose to cover.

Question: How did CMS come to assume responsibility for reviewing and making decisions on requests for new POS codes, and how did HIPAA affect this delegation?

Answer: Before HIPAA, there were no laws or regulations to permit or prohibit CMS from maintaining an industry-wide POS code set. CMS maintained POS codes for years for its own use based on a statutory requirement that payment vary for certain Medicare claims according to site of service. Other payers were not required to use any particular coding system to identify place of service, although some used the CMS code set as a matter of convenience.

Place of service codes are not listed in the final HIPAA transaction rule as a required data code set and are not mentioned in the HIPAA law. However, the POS code set is required by the implementation guide for professional health care claims, and CMS is named as the entity responsible for maintaining that code set in the guide adopted by the Secretary to implement a HIPAA standard. Therefore, once the standards noted in the final rule of HIPAA go into effect on October 16, 2002, then HIPAA, at least indirectly, will give CMS the authority to maintain the POS codes that will be used industry-wide. ☼

MHCCM Version 2 and Beyond

The MHCCM (Medicaid HIPAA Compliant Concept Model), Version 2, is available now both in CD-ROM media and is accessible via the Internet at: www.mhccm.org. If you have a need to readily extract files off-line or need to add/change the MHCCM to suit your own purposes, CD-ROM copies may be requested via the MHCCM Users LISTSERV or contact Karen Leshko at kleshko@cms.hhs.gov or 410-786-1291.

In addition to providing the impetus for HIPAA gap analysis and assessment, the MHCCM is a great educational tool and should be reviewed by all involved in the administration and delivery of health care services. Making the MHCCM available via the Internet facilitates broad access to its educational value. A big thanks goes out to the Washington Publishing Company for establishing and maintaining www.mhccm.org.

Version 2 primarily addresses the issues of ease of installation. Of the original 500 copies distributed during the CMS National HIPAA Conference in April 2001, many users encountered difficulties with the MHCCM's dependency on Personal Web Server (PWS). Version 2 has no dependency on PWS and we are happy to report that we have not heard any problems related to the installation of Version 2.
So what lies ahead for future releases? The A-Team has

enough enhancements on deck for perhaps two additional releases before the end of the year. Our immediate goal is to ensure consistency of terminology and design themes as the MHCCM content grows. Current, as well as new content will undergo enhanced quality assurance and change management.

The Toolkit will get a facelift. As the industry moves forward, we welcome any new additions to the Toolkit that can be shared by all. So as the inventory grows, we need a better way to accommodate the user in finding the relevant tools for their area of interest. Look for a better interface in the Toolkit section.

Also look for a "What's New" section. This will quickly aid the user in finding what has been changed or enhanced about the MHCCM.

As always, the A-Team welcomes comments and suggestions. On our own, we can't possibly capture all the great ideas and work products that have been developed. We need your help in making the MHCCM a better product!

Contact Henry Chao at 410-786-7811, hchao@cms.hhs.gov ☼

NCVHS Sends Recommendations to Secretary Thompson

The National Committee for Vital and Health Statistics sent a letter to the Secretary of the Department of Health and Human Services, Tommy Thompson, on June 29, 2001. As a result of testimony heard from a number of industry representatives including Sally Klein of Montana, speaking for Medicaid, the Committee came to the following conclusion regarding a delay in HIPAA. "The NCVHS has not heard a delay proposal that we can support. A delay that is not coupled with a strategy to productively utilize the additional time is unlikely to contribute to a successful implementation. Supportable proposals for delay must include a rationale and a sequence of measurable events that would lead to successful implementation for the whole health care industry." They went on to list six recommendations where the Department should take a leadership role. The full text of the letter can be found on the NCVHS Web site at www.ncvhs.org. Among the recommendations are that the Department be flexible in enforcement activities. They also oppose open-ended delays, but if delays are considered, they should be accompanied by a schedule of intermediate steps to provide for orderly and successful implementation. ☼

HIPAA Hero

This issue's HIPAA Hero is the State of Washington. This state has shown national leadership in two areas.

X12 (non-Medicaid) old timers are stretched to the limit with responsibilities imposed by HIPAA and are running out of willing volunteers to help maintain the standards. Washington has undertaken significant X12 work. Kathleen Connor is a very active member of X12N Task Group 3 Work Group 4 to promote the health insurance industry's ability to use XML and object technology under future standards. Also, Washington X12 representative Katie Sullivan has publicly volunteered to be the secretary of the X12 837 claims committee (TG2wg2). This demonstrates that we (Medicaid) pull our weight in the industry at large.

Washington has aided other state Medicaid agencies by sharing some project planning documents for inclusion in the Medicaid HIPAA Compliant Concept Model (MHCCM) Toolkit. Also, in partnership with Georgia, they are funding the building of another MHCCM enhancement; a gap analysis tool for institutional claims. ☼

HIPAA Hero Awards Presented at CMS HIPAA Conference

At the first annual CMS HIPAA Conference for Medicaid, Rick Friedman presented HIPAA Hero Award plaques to 10 states and two individuals. This speech is

reprinted below. All state Medicaid agencies and the Centers for Medicare and Medicaid Services owe a debt of gratitude to these states.

HIPAA Hero Award Presentation Speech

The NMEH is a volunteer organization. Some states have dedicated significant amounts of resources to make NMEH efforts a success, dedicating personnel and other funding to the National effort, sometimes at the expense of immediate needs of the state agency. They have the vision to see that the efforts will pay off in the long run, by making it easier to do business under this new IT model we call Administrative Simplification.

We'd like to recognize some of these states. It's always a problem, recognizing awardees like this, because, we're sure to leave someone out. Please understand and don't be offended. We hope to be able to give every state one of these before we are through.

Some states have donated the significant efforts of one state or fiscal agent employee. Others have shared limited efforts by a number of people. I'm going to call up one person from each state, or its fiscal agent, to come up and receive the award on behalf of all those involved from that state.

Montana

When Montana volunteered **Sally Klein** to be the NASMD representative to X12, no one could have foreseen that there would be soon be over 400 DSMO requests to occupy her every waking moment for two months. She did a great job consolidating all the business reasons for the NMEH position on each item, and arguing our case at numerous meetings.

Kansas

Kansas offered **Diane Davidson** to chair the very first sub workgroup for EOB codes. Today, Diane is the NMEH chair.

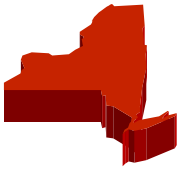
Wisconsin

Wisconsin's list of contributions is almost too long to recite. Without this state, we would not be where we are today. Wisconsin offered to start and lead the NMEH a year and a half ago. They manage the LISTSERV. They are a powerful voice in the standards arena; **Kristine Weinberger** chairs the Provider Taxonomy sub workgroup. Kristine exemplifies that spirit. She sent a message to the NMEH LISTSERV late last week, to relate a "HIPAA moment," a newly discovered implementation "issue" for Wisconsin, so that other states with similar systems will be on alert to the problem. **Kim Meyer, LuAnn Green**, and a host of others should also be recognized for their efforts.

California

Like Wisconsin, California has many people working on National HIPAA issues. They chair or co-chair subworkgroups for local codes, claims attachments, and dental issues. They also contribute to national forums on behalf of all states. Some of the more active people are **Russ Hart** (who took over as NASMD representative to the NUCC from Linda Connelly last year), **Donna Beeson** from the state, and from their contractors, **Pam Cotham**, **Penny Sanchez, Jeff Seybold**, and many more.

New York



While being one of the first states to attend X12 meetings, New York's greatest accomplishment has been to allow their fiscal agent to maintain the local codes database of 58,000 codes. Managing this data repository and all the products of the local code analysis process has been done single-handedly by **Wendy Face**.

North Carolina

Stacey Barber, working for North Carolina's fiscal agent, has been a mentor for all of us, has prepared NMEH position papers, and currently chairs the Prior Authorizations sub-workgroup.

Minnesota

While representing her state, **Jayne Draves** has often been gracious enough to take on the role of de facto NMEH rep to WEDI and SNIP when no one else could attend, and has spoken for

the NMEH on numerous occasions. **Jan Taylor**, though never before a specialist on transactions, has been expertly guiding the COB sub- workgroup, and got up in front of 100 EDI experts at an X12 meeting to offer the Medicaid proposal for using HIPAA standards to do pay and chase.

Illinois

Patrick Ryan from Illinois has been the expert behind the Medicaid pay and chase issue. **Mike Hennessey**, who has long been the NUBC representative from NASMD, has found his NUCC workload increase many times over, and has risen to the occasion, engaging **Rose Moser** and numerous others from his staff to work on HIPAA issues for the NMEH.

Alabama

Linda Hines from Alabama led the committee that produced the APD Template for HIPAA.

Mississippi

Mississippi has very limited HIPAA resources but recognized early that they could leverage the work of more well endowed states to meet their own goals. **Gayle Lowery** founded the claims attachments sub-workgroup. While unable to participate in HL7 meetings, developed the first set of Medicaid attachment standard templates, and continues to offer her support as these requests move forward.

Individuals

I have two more plaques, but these are for individuals. These two people have done so much to get all the states working together, to make Medicaid a unified voice to be reckoned with, that we would be remiss if we didn't recognize them.

The first goes to **Lisa Doyle**. In November 1999, while everyone else was in the throes of Y2K contingency planning and final IV & V visits, Lisa started everyone "bonding" and formed the NMEH. As the first chair of the NMEH, Lisa started with no real focused agenda and about ten states on a phone call. By the time she left Wisconsin, this single mother of school age children was travelling almost every month, spreading the word, making Medicaid a force to be reckoned with in the national arena.

Kurt Hartmann came to CMS in May, 2000. Fortunately for Medicaid, he was assigned to work on HIPAA coding issues. Unfortunately, this is his last week in CMS's employ. Monday, Kurt will start a new career as a consultant. I'd like to offer our last HIPAA hero award of the day to Kurt for breaking down barriers around the CMS HCPCS committee (which approves new HCPCS codes) so that Medicaid's requests are getting a fast track viewing. Kurt has also mentored the local code sub-workgroup, and has wrestled control of the Place of Service Code committee to CMS's Center for Medicaid and State Operations, so that Medicaid and public health code requests would be addressed for the first time in years. ☼

Immunization Registries and Medicaid to Exchange Data Using Health Level Seven (HL7)

A report by: Susan Abernathy (CDC)

Immunization registries are an essential resource to provide the information needed to improve and sustain high levels of immunization coverage.

Immunization registries face a technical challenge similar to that faced by most of the health care industry today--how to enable communication between numerous disparate systems. Registries have been developed by a number of different entities--managed care organizations, states, cities, counties, and local communities. This approach resulted in different hardware, platforms, and applications that need to communicate with each other when a patient moves from one area to another area.

The National Immunization Program (NIP) recognized the potential importance of HL7 message standards to enable immunization registries to exchange data with each other in 1995. NIP staff developed and introduced four messages to the HL7 standards organization to allow both public and private immunization providers to exchange immunization data with

their local or state registry. The messages were designed to communicate the elements in NIP's core data set (http://www.cdc.giv/nip/registry/core.pdf). The core data set consists of 16 demographic elements used to identify the patient and eight elements that define the vaccine event. The core data set had been developed by consensus of a working group of Immunization grantees and reviewed by the National Vaccine Advisory Committee. The HL7 messages are (1) a query for an immunization record (VXQ), (2) a response when multiple matches to the query are found (VXX), (3) a response when the query is matched and a record returned (VXR), and (4) an unsolicited update to an immunization history (VXU). These messages are defined in Chapter 4 of HL7's Version 2.3 and later versions of the standard.

To address the need to limit excessive optionality that can result in a barrier to interoperability, a new implementation guide for data exchange entitled, "Immunization Data Transactions Using the Health Level Seven (Version 2.3.1) Standard Protocol," June 1, 1999, was developed (http://www.cdc.gov/nip/registry/hl7guide.pdf). The guide promises to benefit both developers of immunization registries and software vendors that provide service to private physicians and other authorized parties that need immunization data. This guide is the culmination of collaboration by a number of immunization registry developers and managers who are ready to test data exchange with each other. The guide defines the messages in detail, showing how they are able to carry a rich amount of immunization data. Equally important, however, the new guide also defines the "minimum message" needed for a non-clinical systems, such as a billing system, to extract the core data elements without duplicate data entry and send them to an Internet account or save them to a file, creating an unsolicited batch of updates to the immunization histories in a registry. The minimum message consists of the core demographic and vaccine event data elements plus values in all the additional HL7-required fields. As other immunization registries evolve to be ready for data exchange outside their boundaries, NIP intends to coordinate any additional data needs through HL7so that over time there will remain one nationally consistent implementation of immunization messaging for those who choose to participate.

NIP submitted a grant proposal and was awarded funds to develop a communications tool that would translate and transmit immunization registry data from one system's nonstandard format to the standard HL7 format (and vice versa), thus enabling record exchange between two or more registries with different systems. This tool has now been developed and is freely available. The product is entering the pilot test phase, with test immunization records to be exchanged in September 2001. The initial sites involve several western states and the Indian Health Service.

This project will enable registries to exchange immunization histories when a child moves from the area covered by one registry to another area covered by a different registry. Additionally, it will enable providers who already use HL7 to submit records directly from their clinical (patient management/billing) systems without duplicate data entry. Providers who do not use HL7 already will be invited to use the public domain communications (translation) tool to participate with registries.

Continued collaboration among registries, other users, and providers to ensure that implementation plans meet messaging requirements on a national level will enable those with an interest in immunization data to achieve communication compatibility not available previously. Just as importantly, a national standard that meets the needs of all developers can save time and money in the development cycle that might have been allocated to solve data exchange issues in isolation. The core data set, current vaccine table, current vaccine manufacturers table, and the HL7

implementation guide are available on the NIP Web site at www.cdc.gov/nip/registry. For additional information or to provide feedback on this article or the referenced documents, please contact Susan Abernathy at (404) 639-8245. ☼

HIPAA GIVES

As you work with state agencies outside of Medicaid that need HIPAA information, please suggest that they visit the www.hipaagives.org Web site. GIVES stands for Government Information Value Exchange for States. It is a clearinghouse for HIPAA information relevant to states. ☼

X12 Clarifies Nature of Implementation Guides

At the X12 meeting in June in St. Louis, the insurance steering committee reaffirmed that the 4010 implementation guides are X12 guides, and not exclusively HIPAA Guides. What this means is that the guides may (and do) contain information relevant to processes not covered by HIPAA, such as workers compensation. Such non-HIPAA required content will continue to be added to future versions of guides and noted as such. The board also affirmed that future X12 Implementation Guides would be published on a schedule appropriate to X12. Work on version 4050 guides will take place at the October X12 meeting. Once the 4050 guides are completed, the DSMO steering committee may decide to recommend those guides for adoption as HIPAA standards. ☼

Medicare to Implement its First HIPAA Transactions

Medicare is in the process of a phased implementation of HIPAA. Beginning no later than October 2001, Medicare fiscal intermediaries, carriers and DMERCs (Durable Medical Equipment Regional Carriers), plan to process testing of the X12N 4010 837 standard for inbound claim transactions. Beginning January 2002, outbound X12N 837 Coordination of Benefits (COB) and X12N 4010 835 payment/payment remittance advice transactions are also to be ready for testing using the HIPAA named standard version of the 835. Present plans also call for carriers/DMERCS and intermediaries to begin testing the X12N 276 claim status inquiry and X12N 277 response version 4010 in April, 2002. Testing of the health plan transactions X12N 270 eligibility inquiry and X12N 271 response version 4010 is also currently scheduled to be available beginning April 2002. Some Medicare contractors may be ready before or after these dates, and states should contact the contractors with which they deal to determine actual dates.

Medicare EDI trading partners, such as Medicaid, do not have to be ready to test the HIPAA standards on the same date as the intermediaries and carriers. Also, just like the rest of the industry, Medicare contractors face many challenges meeting these deadlines. However, everyone should keep in mind that they want to complete their testing before October 2002, the date HIPAA compliance is mandatory.

Program Memoranda from CMS to the Medicare Fiscal Intermediaries, and Carriers with instructions regarding implementation of HIPAA transactions can be found on the Web at http://www.hcfa.gov/medicare/edi/hipaadoc.htm. The Program Memos beginning with "PM A" are for Medicare Part A contractors, and with "PM B" are for Part B for Medicare Part B carriers and DMERCS. ☼

WEDI/SNIP is Looking for Comments on Implementation Scheduling

WEDI/SNIP has recently distributed a draft recommendation on HIPAA

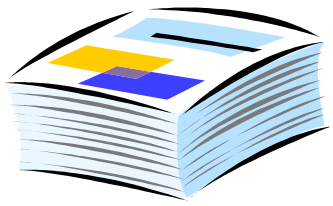
implementation scheduling, to address the following question; if an additional year were available for implementation, how would it be used? WEDI must have input from Medicaid Agencies and their providers to accurately reflect the will of the industry in their recommendation. Please visit the Web site at http://snip.wedi.org for a copy of the scheduling paper and other draft SNIP papers, and instructions for submitting comments. ☼

Synopsis of NCVHS Annual Report

Following is a Synopsis of the National Committee on Vital and Health Statistics Fourth Annual Report to the Congress on the Implementation of the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the Secretary of Health and Human Services (HHS) to adopt standards to support electronic data interchange for a variety of administrative and financial health care transactions. Additionally, these provisions give the National Committee on Vital and Health Statistics (NCVHS) the role of advising HHS on the adoption of standards, monitoring implementation of Administrative Simplification, and reporting annually on its progress. This article summarizes NCVHS' annual report to Congress for 2000.

Although the annual report was prepared for Congress, it is directed at the industry and the public as well. The report begins with a review of the requirements of the statute, including the implementation timetable required by the law, and the expanded responsibilities of the NCVHS. The report then outlines the implementation process, which involves HHS, other Federal agencies, the States, the NCVHS, the industry, and the public health and research communities. Next, the status of implementation of each of the standards required by HIPAA is reviewed. Discussion follows in which the NCVHS highlights several readiness and implementation issues and how the NCVHS intends to monitor implementation in the future.



The Implementation Process section of the report includes a set of principles for guiding choices for standards to be adopted by the Secretary of HHS. The Implementation Teams charged with this task developed the Principles. The Implementation Process also addresses NCVHS HIPAA related hearings during 2000. Agendas, transcripts, minutes, announcement of public meetings and schedule for future hearings are distributed through the NCVHS Web site at: http//ncvhs.hhs.gov.

The Process to Date portion of the NCVHS report summarizes the contents of its July 6, 2000, Uniform Standard for Patient Medical Record Information report to the Secretary of HHS. This report includes recommendations and legislative proposals for uniform data standards and electronic interchange and is based on 11 days of public hearing involving over 90 experts. The recommendations have been presented to the HHS Data Council and are currently under evaluation and consideration in HHS. The report is available on the NCVHS Web site at: http//ncvhs.hhs.gov

NCVHS also explains the role and process of the six organizations named as Designated Standard Maintenance Organizations (DSMOs) by the final regulations for Transactions and Code Sets. The DSMOs will ultimately develop a joint recommendation to the NCVHS as to whether or not requested changes to the standards should be made.

Now that the final standards for Transactions and Code Sets have been issued, the NCVHS has begun focusing on potential implementation barriers and issues. Included in the

Implementation Issues section are discussions of: HHS resources in promoting industry HIPAA implementation; funding to deploy identifiers; electronic signature standard; and code set issues.

Additional information on the NCVHS, as well as the HIPAA Administrative Simplifications efforts can be found on the HHS and NCVHS Web sites at http//aspe.hhs.gov/admnsim and http//ncvhs.hhs.gov, respectively. ☼

White Papers Hot Off the Press

CMS has published three new white papers on the subject of HIPAA. The fourth in our series of white papers is "Data Content and Code Sets: The Devil is in the Details." The fifth paper is "Getting Organized for HIPAA: States' Best Practices for Scaling Mt. HIPAA." The sixth is titled, "Are You a Covered Entity?… And When Does Rule 1 Apply?" Look for them on the web at http://www.hcfa.gov/medicaid/hipaa/adminsim/. ☼

Ask the HIPAA Wizard

Q. What is the status of the use of J codes on institutional and professional claims?

A. In February 2001, the NCVHS recommended to the Secretary that 45 CFR 162.1002(c) be modified in a way that would repeal the adoption of NDCs as the standard for reporting drugs and biologics on all but retail pharmacy claims transactions. The National Committee on Vital and Health Statistics (NCVHS) is the health data and statistics advisory group to the Secretary of the Department of Health and Human Services (HHS). In a response dated May 29, 2001, the Secretary informed the NCVHS that HHS intends to pursue the recommendation of the NCVHS by publishing a Notice of Proposed Rulemaking (NPRM). The letter indicated that HHS would publish the NPRM in the near future in order to resolve issues before substantial work in converting to NDCs gets underway within the health industry. The May 29, 2001 letter is available on the HHS Administrative Simplification and on the NCVHS Web sites: http://aspe.hhs.gov/admnsimp/ and http://www.ncvhs.hhs.gov, respectively.

The effect of this change will be that providers and payers will not be bound by any standard for the coding of drugs on X12 837 claim transactions. This would allow payers to collect J codes or NDC codes, as appropriate. ☼

HIPAA Web Sites

www.mhccm.org (The Medicaid HIPAA Compliant Concept Model)
http://www.hcfa.gov/medicaid/hipaa/adminsim/default.htm (Medicaid HIPAA Admin Simplification home page, white papers, conference notes, news)
http://www.hcfa.gov/medicaid/hipaa/adminsim/hipaapls.htm (Previous and current issues of "Medicaid HIPAA Plus")
www.hcfa.gov/medicare/edi/hipaadoc.htm (Map of Medicare National Standard Format to X12837 Professional Claim Transaction, Version 4010-HIPAA Standard)
http://aspe.hhs.gov/admnsimp (Text of Administrative Simplification law and regulations publishing dates)
www.hcfa.gov/medicare/edi/edi.htm (Medicare Electronic Data Interchange)
http://aspe.hhs.gov/datacncl (HHS Data Council)
http://www.ncvhs.hhs.gov/ (National Committee on Vital and Health Statistics)
www.x12.org–select the Insurance, X12N, subcommittee file
http://www.hl7.org (Health Level7)
http://www.ncpdp.org (National Council for Prescription Drug Programs)
www.ada.org (American Dental Association)
http://www.wedi.org/ (Workgroup for Electronic Data Interchange)
http://www.wedi.org/snip/ (WEDI Strategic National Implementation Process (SNIP))
www.ushik.org (Data Registry; searchable database containing

all data elements defined in HIPAA implementation guides) www.wpc-edi.com (X12N version 4010 transaction implementation guides)

NOTE: This document is located on the Web at: http://www.hcfa.gov/medicaid/hipaa/adminsim/hipaapls.htm ☼

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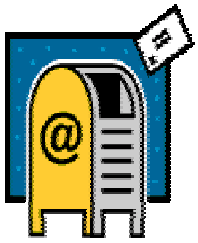
To receive future issues of "Medicaid HIPAA Plus," as well as other HIPAA-related information, subscribe to the Medicaid HIPAA Administrative Simplification LISTSERV. CMS's Division of State Systems maintains this LISTSERV with a goal of keeping subscribers abreast of the latest HIPAA Administrative Simplification policy developments as related to Medicaid IT systems. Subscribers may also post information to the LISTSERV. To subscribe, send mail to LISTSERV@LIST.NIH.GOV with the command: SUBSCRIBE HIPAAadminsimpl ☼



Please send comments or questions regarding this issue of Medicaid HIPAA Plus to Sheila Frank at Sfrank1@cms.hhs.gov or to Karen Leshko at Kleshko@cms.hhs.gov. ☼